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Bib Data Sheet

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none AS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none AS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ICELAND	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

Low profile active shock module prosthesis

FILING FEE  RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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